

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		1-7-90
O.I.P.E. CLASSIFIER		12	1/14
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	LH	60105	2-8-90

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	3-13-89
2	4-30-89
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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